

City of San Diego Park and Recreation Department

PARK/LAKE GROUNDS USE APPLICATION

Please complete. This information will be used to determine the type of permit(s) you will be required to obtain.

GROUND USE FEE

If required, fees must be paid upon application for permit. Once completed and submitted, this application reserves the requested park or lake grounds area during the permit process. Ground Use Fee is \$ _____

STAFF USE ONLY:

Date Park/Lake Ground Use Application received: ____/____/____
Requested date reserved by: _____ Title: _____
Permit will be granted by Park & Recreation Dept. staff: _____
Date Approval letter was mailed/hand delivered: ____/____/____
Date venue to be released: ____/____/____ (sixty calendar days from date approval letter was dated)
Application will be forwarded to Office of Special Events: _____
Date Application forwarded to Office of Special Events: ____/____/____
Site: _____ Mail Station: _____
Date Approval letter was mailed/hand delivered: ____/____/____
Date venue to be released: ____/____/____ (sixty calendar days from date tentative approval letter was dated)
Date Confirmation of Receipt received from Office of Special Events: ____/____/____

PLEASE PRINT CLEARLY:

Park/Lake Desired: _____ Specific Area Desired: _____

Event SET-UP Date(s): ____/____/____ to ____/____/____ SET-UP Time: ____:____ am/pm to ____:____ am/pm

ACTUAL Event Date(s): ____/____/____ to ____/____/____ EVENT Time: ____:____ am/pm to ____:____ am/pm

CLEAN UP Date(s): ____/____/____ to ____/____/____ CLEAN UP Time: ____:____ am/pm to ____:____ am/pm *

*End time indicates when your group will be completely out of the park or lake grounds.

Person/Organization/Group: _____

Is this a sanctioned or co-sponsored Park and Recreation Department or Recreation Council event? ____ Yes ____ No

If yes, attach an authorization memo from the District Manager.

Is this a sanctioned City of San Diego department event (i.e. Water Department, Police Department etc.)? ____ Yes ____ No

If yes, attach an authorization memo from sponsoring Department Director (or designee).

Is your group/organization a tax exempt, non-profit entity? ____ Yes ____ No

If yes, attach a copy of the IRS 501(C) tax exemption letter.

Name: _____ Address: _____

City/State: _____ Zip: _____ Daytime Telephone: () _____ FAX: () _____

Pager/Cellular: () _____ Email: _____

If applicable, media and citizen inquiries should be referred to _____

at the following number(s): () _____ or () _____ Or Website: _____

Name of On-Site Contact on day of event: _____

On-site Contact Cell phone: () _____ Daytime phone: () _____

Note: Special Rules, regulations and restrictions unique to each site may apply (use of alcohol, dogs off leash, park/lake hours, use of party jumps, live entertainment, animals etc.).

Type of event: Wedding ____ Birthday Party ____ Family Reunion ____ Alumni Reunion ____

Company Picnic ____ Festival/Celebration ____ Film/Video Production ____

If none of the above please provide a brief description of event: _____

Number of participants: ____ Estimated number of spectators: ____ Number of event staff/volunteers: ____

Total number of people estimated to attend this event? ____

General Information

Yes No

____ Will patron/spectator admission fees be charged? If yes, amount \$ _____

____ Will vendor/participant admission fees be charged? If yes, amount \$ _____

____ Will vendors be selling goods?

____ Will you be utilizing a picnic shelter (if available)?

____ Will you have any special equipment (i.e. canopies, staging)? If yes, please check yes and indicate number of items: Staging (20' X 20' maximum size) ____ Canopy(s) (10' X 20' or larger) ____

Party Jump(s)/Generator(s) ____ Generator(s) ____ Please provide generator use information: _____

____ Other equipment not described above: _____

____ Will you be using vehicles in conjunction with your event (i.e. unloading equipment, loading equipment)?

If yes, please describe _____

____ Do your event plans include street closures?

____ Do your event plans include traffic control?

____ Will you have security at your event?

ENTERTAINMENT AND RELATED ACTIVITIES

Entertainment and Activities

Yes No

- ___ ___ Do your event plans include a piñata?
- ___ ___ Do your event plans include party jumps, climbing walls, miniature train/tram rides, snow making machinery, petting zoo, pony or llama rides or other youth oriented activities? ***If yes, please describe activity and list company name that is providing entertainment/activity.*** If having ponies or llamas at your event, please indicate number of animals _____
- ___ ___ Do your event plans include carnival rides and related activities?
If yes, please describe _____
- ___ ___ Do your event plans include exhibition performances (i.e. fire dancers) or "extreme" sports (i.e. skate boarding demonstrations)? If yes, please describe _____
- ___ ___ Do your event plans include any casino games, bingo games, drawings or lottery opportunities?
If yes, please describe _____
- ___ ___ Do your event plans include other activities, performances, or demonstrations not described in this section?
If yes, please describe _____

Musical Performance/Voice Amplification

Yes No

- ___ ___ Are there musical entertainment features associated with your event? ***If yes, please provide an attachment listing all band(s)/performer(s)/disc jockeys, sound check and performance schedules.***
- ___ ___ Will voice or sound amplification be used? If yes, start time ___:___ am/pm finish time ___:___ am/pm
Please describe the sound equipment that will be used for your event _____
- ___ ___ Will you have any elevated stages or other temporary structures such as bleachers or elevated platforms that will be on site? If yes, please describe (include number and dimensions) _____
- ___ ___ Do your event plans include any other performances or voice amplification not described in this section?
If yes, please describe _____

Special Effects/Décor/Signage

Yes No

- ___ ___ Do your event plans include the use of fireworks, rockets, lasers, decorative lighting or other pyrotechnics?
If yes, please describe _____
- ___ ___ Will inflatable items, hot air balloons, balloon arches or other similar décor elements be used at your event?
If yes, please describe _____
- ___ ___ Do your event plans include the use of any signs, banners, decorations or other décor elements?
If yes, please describe _____
- ___ ___ Do your event plans include other special effects, décor or signage not described in this section?
If yes, please describe _____

FOOD AND BEVERAGES

Yes No

- ___ ___ Do your event plans include the on-site preparation of food? If yes, will you be utilizing a barbeque grill or open flame (please describe)? _____
- ___ ___ Do your event plans include distribution of food (including samples)?
- ___ ___ Do your event plans include the sale of food?
- ___ ___ Do your event plans include the use of alcoholic beverages?
- ___ ___ Do your event plans include the sale of alcoholic beverages?
- ___ ___ Do your event plans include the consumption of food or beverages not described in this section (i.e. caterer, etc.)?
If yes, please describe _____

I hereby certify that to the best of my knowledge and belief the above statements are true. I understand that failure to report components of this event may result in loss of deposit, revocation of permit and/or failure to secure future permits.

Signature: _____ Date: ___/___/___

Name (First/Last) (Please Print): _____